

10/5-0447

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9	1		1			
10		8		1		
11		9		1		
12		10		1		
13		11		1		
14		12		1		
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32		30		1		
33		31		1		
34		32		1		
35		33		1		
36		34		1		
37		35		1		
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40		38		1		
41		39		1		
42		40		1		
43		41		1		
44		42		1		
45		43		1		
46		44		1		
47		45		1		
48		46		1		
49		47		1		
50		48		1		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		17	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						